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Hallucinogenic Drugs and Plants in Psychotherapy and Shamanism

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Abstract—Western psychotherapy and indigenous shamanic healing systems have both used psychoactive drugs or plants for healing and obtaining knowledge (called "diagnosis" or "divination" respectively). While there are superficial similarities between psychedelic-assisted psychotherapy and shamanic healing with hallucinogenic plants, there are profound differences in the underlying worldview and conceptions of reality. Four paradigms are reviewed: (1) psychedelic psychotherapy within the standard Western paradigm—here the drug is used to amplify and intensify the processes of internal self-analysis and self-understanding; (2) shamanic rituals of healing and divination, which involve primarily the shaman or healer taking the medicine in order to be able to "see" the causes of illness and know what kind of remedy to apply; (3) syncretic folk religious ceremonies, in which the focus seems to be a kind of community bonding and celebratory worship; and (4) the "hybrid shamanic therapeutic rituals," which incorporate some features of the first two traditions. There are two points in which the worldview of the shamanic and hybrid shamanic ceremonies differs radically from the accepted Western worldview: (1) the belief and assumption (really, perception) that there are multiple realities ("worlds") that can be explored in expanded states of consciousness; and (2) the belief that "spirits," the beings one encounters in dreams and visions, are just as real as the physical organism.

Keywords—hallucinogens, psychedelics, psychotherapy, shamanism, states of consciousness

By way of introducing a comparative overview of the role of psychoactive drugs in psychological healing practices, a brief personal note might be permitted. As a psychologist, I have been involved in the field of consciousness studies, including altered states induced by drugs, plants and other means, for over 35 years. In the 1960s I worked at Harvard University with Timothy Leary and Richard Alpert, doing research on the possible therapeutic applications of psychedelic drugs, such as LSD and psilocybin (Leary, Metzner & Alpert 1964). During the 1970s the focus of my work shifted to the exploration of nondrug methods for the transformation of consciousness, such as those found in Eastern and Western traditions of yoga, meditation and alchemy (Metzner 1971). I also studied intensively the newer psychotherapeutic methods, many deriving from the work of pioneers such as Wilhelm Reich, that involve deep altered states induced by breathwork and bodywork. During the 1980s I came into contact with the work of Michael Harner (1980, 1973), Joan Halifax (1982), Peter Furst (1976, 1972), Terence and Dennis McKenna (1975) and others, who have studied shamanic teachings and practices around the globe. These shamanic traditions involve non-ordinary states of consciousness induced by a variety of methods including ingesting hallucinogenic plants, but also drumming, fasting, wilderness vision questing, use of sweat

lodges and others.

Realizing that there were traditions reaching into prehistoric times of the respectful use of hallucinogens for shamanic healing and divination, I became much more interested in the plants and mushrooms that have a history of such use. Indigenous people are known to have a profound knowledge of plants and herbs and their effects on the body and mind; they are well able to distinguish harmful from beneficial medicines. For this reason the vision-inducing plants that have a tradition of shamanic usage are much more likely to be safe, in contrast to newly discovered and synthesized drugs, the use of which may often involve unknown long-term risks.

It became clear to me, as a result of these explorations, that while Western psychotherapy and indigenous shamanism may sometimes use the same or similar psychoactive substances for healing and obtaining knowledge (called diagnosis in the West and divination in traditional cultures), there are profound differences between them in underlying worldview and assumptions about the nature of reality. In this article I propose to compare the use of psychoactives, as well as the underlying worldviews, in four systems of consciousness transformation: (1) psychotherapy within the standard Western paradigm, (2) shamanic rituals of healing and divination, (3) syncretic folk religious ceremonies, and (4) what I call hybrid therapeutic-shamanic rituals, which represent a blending of indigenous shamanic and Western psychotherapeutic approaches.

A note on terminology: I use the terms “psychedelic,” “hallucinogenic” and “entheogenic” interchangeably. “Psychedelic,” the term coined by Humphrey Osmond and Aldous Huxley and popularized by Leary and the Harvard group, means “mind-manifesting.” “Hallucinogenic” is the term most often used in the psychiatric research literature for these substances. The main objection to the term hallucinogenic is that these drugs and plants do not in fact induce hallucinations, in the sense of “illusory perceptions.” But the term hallucinogen deserves to be rehabilitated. The original meaning of the Latin *alucinare* is to “wander in one’s mind”; and traveling or journeying in inner space are actually quite appropriate descriptive metaphors for such experiences, which are referred to colloquially as “trips.” The term “entheogen,” proposed by R. Gordon Wasson and Jonathan Ott, has the same root as “enthusiasm,” and means “releasing or expressing the divine within” (Ott 1995).

PSYCHOTHERAPY WITHIN THE STANDARD WESTERN PARADIGM

When the fantastically potent mind-altering qualities of LSD were first discovered, at the height of World War II in a Swiss pharmaceutical lab, they were characterized as “psychotomimetic” and “psycholytic.” The prospect of unhinging the mind from its normal parameters for a few hours to simulate madness interested a small number of daring psychiatric researchers as a possible training experience. Predictably, this possibility also intrigued the military and espionage agencies of both superpowers, especially the Americans. Considerable research effort and expense was devoted for about 10 years to determining the most effective surreptitious delivery systems to unsuspecting enemy soldiers, agents or leaders, for maximum confusion, disorientation or embarrassment (Lee & Shlain 1985). Ironically, and fortunately, it was the capacity of LSD to tap into the hidden mystical potentials of the human mind that ruined its applicability as a weapon of war. Rather than making subjects predictably submissive to mind-control programming, LSD had the unnerving propensity to suspend the existing mental programming and thereby release one into awesome worlds of cosmic consciousness. The military was not prepared to have soldiers or espionage agents turn into mystics.

The first research papers that came out of the Sandoz labs, where Albert Hofmann had synthesized LSD and accidentally discovered its astounding properties, described it as bringing about “psychic loosening or opening” *(seelische Auflockerung)*. This was the *psycholytic* concept that became the dominant model for LSD-assisted psychotherapy in Europe. In psycholytic therapy, neurotic patients suffering from anxiety, depression, or obsessive-compulsive or psychosomatic disorders were given LSD in a series of sessions at gradually increasing doses, while undergoing more or less standard analytic interactions using a Freudian perspective (Passie 1997; Grof 1980). The rationale was that through the *psycholysis*, the loosening of defenses, the patient would become more vividly aware of his or her previously unconscious emotional dynamics and reaction patterns (presumably acquired in early family interactions), and such insight would bring about a resolution of inner conflicts. The Czech psychiatrist Stanislav Grof, working within this model, made the startling discovery that in such a series (involving increasing doses) there could be an even deeper psychic opening—to birth and prebirth memories. After resolving the conflicts stemming from the Freudian dynamics of early childhood, patients would find themselves reliving the significant sensory-emotional features of their birth experience—patterns to which Grof gave the name *perinatal matrices* (Grof 1985).

More or less simultaneously with the psycholytic approach being developed in Europe, the *psychedelic*

model became the preferred approach in Anglo-American psychological and psychiatric circles. The English psychiatrist Humphrey Osmond, who worked in Canada with Abram Hoffer on the treatment of alcoholism with LSD (and who provided Aldous Huxley with his first mescaline experience, immortalized in *The Doors of Perception* (Huxley 1954), introduced this term in an exchange of letters with Huxley. First used in the treatment of alcoholics, where it was thought to simulate the often life-changing "bottoming out" experience, psychedelic therapy usually involved one or a small number of high-dose sessions, during which the contents of the unconscious mind would be manifested in the form of vivid hallucinatory imagery, leading to insight and transformation (Passie 1997). A second center for psychedelic therapy and exploration developed in the early sixties in Southern California, where Sidney Cohen, Oscar Janiger and others began providing psychedelic experiences to their clients in the Hollywood film, arts and media community (Novak 1997)—work that brought considerable publicity and notoriety to psychedelics.

The term "psychedelic" was adopted by Timothy Leary, Frank Barron, Richard Alpert and the Harvard research project, which did one of its first research studies on the production of behavior change in convicts, and started publishing the *Psychedelic Review.* Apart from the prison project, Leary's work focused not so much on treatment or therapy, but rather on exploring the possibilities and values of the psychedelic experience for "normals" (mostly graduate students) as well as artists, musicians, poets and writers, when provided in a relatively unstructured but supportive, home-like setting. The concept of "consciousness expansion" was introduced for these experiences, which could be usefully contrasted with the contracted, fixated awareness characteristic of narcotic addictions, as well as obsessions and compulsions in general (Metzner 1994). Leary was also responsible for introducing and popularizing what became known as the "set and setting" hypothesis, according to which the primary determinants of a psychedelic experience are the internal set (intention, expectation, motivation) and the external setting or context, including the presence of a guide or therapist (Leary, Litwin & Metzner 1963).

The psychological research on psychedelics, as well as the psycholytic and psychedelic psychotherapy applications, have been well summarized and reviewed by Lester Grinspoon and James Bakalar (1979/1997) in their book *Psychedelics Reconsidered*. The history of the introduction of LSD and other hallucinogens into American culture with its many extraordinary and unforeseen social and political consequences has been described by Jay Stevens (1987) in his book *Storming Heaven*. Leary's own story of these events in which he was centrally involved is told in his own unique, provocative and tricksterish style in his several autobiographies, most particularly in *High Priest* (1968/1995) and *Flashbacks* (1983).

A significant extension of the field of psychoactive-assisted psychotherapy occurred with the discovery by chemist Alexander Shulgin of a variety of phenethylamines, such as MDA, MDMA, 2-CB and others, which bring about an expansion and centering of awareness primarily on the emotional or heart-level, with minimal or no perceptual changes or other-worldly consciousness (Shulgin & Shulgin 1991). For this reason, to distinguish them from the classical hallucinogens, some have suggested the name *empathogens* ("generating a state of empathy") for this class of substances. In particular, MDMA (which also became known as Ecstasy or E, and as such has come to play a central role in the hugely popular rave culture) was used with impressive success in psychotherapy—often facilitating a significant opening of relationship communication and helping in the healing of disabling trauma (Saunders 1993; Eisner 1989; Adamson & Metzner 1988).

Despite the seeming theoretical and practical differences between the psycholytic and psychedelic approaches, there are a number of significant fundamental conclusions and directions which they share, and which I would now like to summarize. These are all features of psychoactives-assisted psychotherapy that distinguish this modality from other uses of mood-altering drugs such as tranquilizers or antidepressants, in which the patient or client takes a pill and goes home:

(1) It is recognized that psychotherapy with hallucinogens invariably involves an experience of a profoundly *expanded state of consciousness*, in which the individual can not only gain therapeutic insight into neurotic or addictive emotional dynamics and behavior patterns, but may come to question and transcend fundamental self-concepts and views of the nature of reality.

(2) It is widely accepted in the field that *set and setting* are the most important determinant of experiences with psychedelics, while the drug plays the role of a catalyst or trigger. This is in contrast to the psychiatric or other psychoactive drugs (including stimulants, depressants and narcotics) where the pharmacological action seems paramount, and set and setting play a minor role. The set-and-setting model can also be extended to the understanding of other modalities of altered states of consciousness, involving nondrug triggers such as hypnosis, meditation, rhythmic drumming, sensory isolation, fasting, and others (Metzner 1989).

(3) Two analogies or metaphors for the drug experience have been repeatedly used by writers both in the psycholytic and psychedelic paradigms. One is the *amplifier analogy*, according to which the drug

functions as a nonspecific amplifier of psychic contents. The amplification may occur in part as a result of a lowering of sensory thresholds, a "cleansing of the doors of perception," and in part be due to not-yet-understood central processes involving one or more neurotransmitters. The other analogy is the *microscope metaphor:* it has repeatedly been said that psychedelics could play the same role in psychology as the microscope does in biology—opening up to direct, repeatable, verifiable observation realms and processes of the human mind that have hitherto been largely hidden or inaccessible.

(4) Again in contrast to the use of other psychiatric or psychoactive drugs, it is widely recognized that the *personal experience of the therapist* or guide is an essential prerequisite of effective psychedelic psychotherapy. Without such prior personal experience, communication between the therapist and the individual in a psychedelic state is likely to be severely limited. This principle implies also that a significant role for psychedelic experience could be in the training of psychotherapists. The vast majority of psycholytic and psychedelic therapists would of course not sanction the taking of the drug by the therapist together with the client.

(5) *Access to transcendent, religious or transpersonal dimensions of consciousness* can be attained. That mystical and spiritual experiences can and often do occur with the use of psychedelics was recognized early on by most researchers in this field, thereby posing both challenge and promise to the psychological disciplines and professions. Albert Hofmann has testified that his ability to recognize the psycholytic properties of the LSD experience was based on its similarity to his childhood mystical experiences in nature (Hofmann 1979). Stanislav Grof found that after resolving biographical childhood issues, and then the perinatal traumata, individuals would often find themselves in realms of consciousness completely transcendent of time, space and other parameters of our ordinary worldview (Grof 1985). He gave the name "transpersonal" to these realms of consciousness and "holotropic" ("seeking the whole") to the predominant quality of consciousness in these realms, as well as to other means of accessing these realms, such as certain breathing methods (holotropic breathwork).

Timothy Leary, stimulated by his association with Aldous Huxley, Huston Smith and Alan Watts, devoted considerable time and energy to exploring and describing the spiritual and religious dimensions of psychedelic experience. This work resulted in adaptations of the Tibetan Buddhist *Bardo Thödol* (Leary, Metzner & Alpert 1964) and the Chinese Taoist *Tao Te Ching* (Leary 1997) as guidebooks for psychedelic experience. Based on his initiating experience with Mexican magic mushrooms, it would also be true to say that Leary was the first person to recognize and articulate that the fundamental mystical vision that emerges in these states is an *evolutionary remembering*—an experience of reconnecting with our biological and cosmological evolution. In other words, he realized the experience went beyond the personal and cultural developmental issues that usually concern psychologists, and that the language of mystics and shamans in our time was basically going to be the scientific language of evolution.

SHAMANIC RITUALS OF HEALING AND DIVINATION

Synchronistically with the revelations and insights emerging from psychedelic research in psychology and religion, a generation of students and researchers in anthropology and ethnobotany was inspired to explore the roots of humankind's involvement with psychoactive plants in shamanism. These works ranged from Wasson's rediscovery of the pre-Columbian magic mushroom cult, and Harner's early work on the role of hallucinogens in European witchcraft-shamanism, to the work of sober researchers like Weston LaBarre, Richard Evans Schultes, Claudio Naranjo and Peter Furst, as well as the more fantastic and imaginative writings of Carlos Castaneda and Terence McKenna. It is fascinating to realize, in hindsight, that the two texts which seemed to lend themselves most readily to psychedelic adaptation (the *Bardo Thödol* and the *Tao Te Ching*) come from religious traditions in which shamanic elements were strong. In Tibetan Buddhism, as in Chinese Taoism, practices of connecting with spirits of nature through special visionary states were integrated into the teachings concerning spiritual development and liberation.

If we accept the idea, growing out of scientific research, that set and setting are the crucial determinants of the content of a hallucinogenic experience, then the use of these substances in a ritual setting, with careful attention paid to conscious intention, is in fact the logical as well as the traditional approach. Shamanic rituals involving hallucinogens are the intentional arrangement of the set and the setting for purposes of healing and divination. Traditional Western psychotherapy, with or without psychedelics, can also appropriately be seen as a ritual—i.e., an experience formally structured according to the intention of healing or problem-solving. The

traditional *shamanic ceremonial* form involving hallucinogenic plants is a carefully structured experience, in which a small group of people (six to 12) come together with respectful, spiritual attitudes to share a profound inner journey of healing and transformation, facilitated by these powerful catalysts. A "journey" is the preferred metaphor in shamanistic societies for what we call an "altered state of consciousness."

There are three significant differences between shamanic entheogenic ceremonies and the typical psychedelic psychotherapy session. One is that the traditional shamanic rituals involve very little or no talking among the participants, except perhaps during a preparatory phase or after the experience to clarify the teachings and visions received. The second is that singing, or the shaman's singing, is invariably considered essential to the success of the healing or divinatory process; furthermore the singing typical in entheogenic rituals usually has a fairly rapid beat, similar to the rhythmic pulse in shamanic drumming journeys (widespread in shamanistic societies of the Northern Hemisphere in Asia, Europe and America). Psychically, the rhythmic chanting, like the drum pulse, seems to give support for moving through the flow of visions, and minimizes the likelihood of getting stuck in frightening or seductive experiences. The third distinctive feature of traditional ceremonies is that they are almost always done in darkness or low light—which facilitates the emergence of visions. The exception is the peyote ceremony, done around a fire (though also at night); here participants may see visions as they stare into the fire. I should point out that the hybrid therapeutic forms that have been developing in the past few decades (to be discussed below) have incorporated these three features from the shamanic model.

As mentioned above, psychotherapists working within the psycholytic and psychedelic model quickly came to the consensus that the therapist working with these substances had to have prior experience with them. This is so widely assumed in shamanic societies that it is hardly even discussed. Typically, a shamanic healer working with entheogenic plants undergoes a lengthy initiation and training (sometimes lasting years) under the guidance of an experienced elder before working with others.

I will briefly mention some of the variations on the traditional rituals involving hallucinogens. In the peyote ceremonies of the Native American Church in North America, participants sit on the ground in a circle around a blazing central fire in a tipi. The ceremony lasts all night and is conducted by a "roadman," with the assistance of a drummer, a firekeeper and a cedar-man (for purification). A staff and rattle are passed around and participants sing the peyote songs, which involve a rapid, rhythmic beat. The peyote ceremonies of the Huichol Indians of Northern Mexico also take place around a fire, with much singing and story-telling, after the long group pilgrimage to find the rare cactus (Pinkson 1995; Myerhoff 1974; La Barre 1964).

The ceremonies of the San Pedro cactus in the Andean regions are sometimes also done around a fire, with singing; but sometimes the *curandero* sets up an altar, on which are placed different symbolic figurines and objects representing the light and dark spirits which one is likely to encounter (Calderon et al. 1982).

The mushroom ceremonies (*velada*) of the Mazatec Indians of Mexico involve the participants sitting or lying in a very dark room with only a small candle. The healer, who may be a woman or a man, sings almost uninterruptedly throughout the night, weaving into his or her chants the names of Christian saints, spirit allies and the spirits of the Earth, the elements, animals and plants, the sky, the waters and the fire (Estrada 1981; Wasson 1980).

Traditional Amazonian Indian or mestizo ceremonies with ayahuasca also involve a small group sitting in a circle, in semidarkness, while the initiated healers sing the songs (*icaros*), through which the healing and/or diagnosis takes place. These songs also have a fairly rapid rhythmic pulse, which keeps the flow of the experience moving along. Shamanic "sucking" methods of extracting toxic psychic residues or sorcerous implants are sometimes used (Luna & Amaringo 1991; Dobkin de Rios 1984).

The ceremonies involving the African *iboga* plant, used by the Bwiti cult in Gabon and Zaïre, involve an altar with ancestral and deity images, and people sitting on the floor with much chanting and some dancing. Often, there is a mirror in the assembly room, in which the initiates may "see" their ancestral spirits (Samorini 1995; Fernandez 1982).

Certain common elements can be found in the anthropological literature on the experiences of shamanistic indigenous societies with hallucinogenic plants. These features are also found in accounts of shamanic journey experiences with other modalities, such as drumming, vision questing, or conscious dreaming. It is clear that these experiential features imply the existence of a radically different worldview (than the Western) in entheogenic shamanic practitioners. I will simply list these features, since there is not the space here to document them extensively.

(1) The role of the guide, *curandera* or healer is always described as central and essential. This must be a person with extensive personal experience in the use of these medicines, who agrees to provide an initiatory experience to a seeker or training to an apprentice. In virtually all entheogenic rituals, the

guide or shaman does much or all of the singing, and this singing profoundly shapes the quality and content of the experience.

(2) The experience can be *healing* on physical, psychic and spiritual levels (although traditional shamanic healers do not make such analytic distinctions). Shamanic healing experiences, with entheogens or other means, have three main variations: one is the extraction of a toxin that may have been implanted by means of sorcery; the second is the retrieval of a split-off psychic fragment or "soul"; and the third is the experience of being dismembered or destroyed, and then reconstituted with a healthier, stronger "body."

(3) The experience can provide *access to hidden knowledge*—this is the aspect of divination, "seeing," prophecy, intuition or visioning. If the intention or context is healing, then the divination would be equivalent to what Western medicine calls diagnosis—e.g., determining from where and from whom the particular toxic implant came, where has the soul-fragment been "lost," what particular herbs should be used for the person's illness, etc. It is said that there is an intelligence associated with the plant medicine that communicates in an interior way to the person who ingests the medicine. Indigenous healers refer to the entheogenic plants as "plant teachers."

(4) There is a feeling and perception of *access to metaphysical realms or worlds.* Such realms have, in shamanic, esoteric or magical traditions, been referred to variously as the "inner world," "spirit world," "upper or lower world," "faerie world," "dreamtime" or "otherworld." Some anthropologists, including Michael Harner, refer to them as "nonordinary reality." The access to these other-worlds may come through a kind of journey to that world, perhaps traveling on the back of an animal or being carried by a large bird. Alternatively, one may feel that one can see into the spirit world without moving, while still aware of the ordinary present world of time-space as well. Scenery and beings of the other world may appear in our world. In any event, the usual boundaries between the worlds seem to become more permeable during such experiences.

(5) The experience may involve the *perception of nonmaterial, normally invisible, spirit beings or entities.* Such spirits are recognized as being associated with particular animals (e.g., a serpent or jaguar), certain plants, trees or fungi, certain places (e.g., a river or rainforest), deceased ancestors, and other nonordinary entities (e.g., extraterrestrials or elves). It can include the experiences of actually becoming or identifying with that spirit (e.g., the experience of becoming a jaguar or a serpent). The healing and divination is experienced as being done by or with the assistance of such spirits, also referred to as "allies," "power animals," "guardians" or "helpers." In some healing rituals, there may also be contact with bad or malevolent spirits that need to be exorcised or neutralized in some way.

In comparing Western psychoactive-assisted psychotherapy with shamanic entheogenic healing rituals, we can see that the role of an experienced guide or therapist is equally central in both, and the importance of set (intention) and setting is implicitly and explicitly recognized in both. Healing and insight may take place with both approaches, though the underlying paradigms of illness and treatment are completely different. There is a great deal of as-yet-poorly or not-at-all understood about the processes of illness and healing.

The role of divination is implicitly acknowledged in the Western models through the amplifier analogy and the microscope metaphor. The two elements in the shamanic traditions that pose the most direct and radical challenge to the accepted Western worldview are the existence of multiple worlds and of spirit beings—such conceptions are considered completely beyond the pale of both reason and science. However, we shall see that in the hybrid shamanic-therapeutic rituals and practices, the recognition of multiple dimensions and of the reality of spirit beings is becoming quite common.

SYNCRETIC FOLK RELIGIOUS CEREMONIES

The distinction I am drawing here between entheogen-based shamanic rituals and folk religious ceremonies involving plant entheogens is in some ways arbitrary—there is, rather, a continuum of ritual forms and practices. The emphasis in shamanic practices is healing and divination, and they are usually conducted in small groups of around a dozen participants, or sometimes just with one or two afflicted individuals and with apprentices. The folk religious ceremonies often involve fairly large groups of 20 to 40 participants, and in the case of the Brazilian *hoasca* churches several hundred. Here the aspect of healing and divination or visioning tends to recede more into the background, and the primary focus is on group worship and celebration with singing and prayer. Instead of a shaman or healer there are priests and officiants. There is very little or no discussion or sharing

of visions or insights, as there would be in the context of a shamanic healing or divination.

The groups coalescing around such entheogenic folk ceremonies in an urban or village society have usually organized themselves into recognized churches, providing their members with a certain degree of social cohesion and protection. An important social function of these religious ceremonies is to strengthen community bonds and give members a sense of participation and belonging. Participation in the Native American Church in the United States, as well as the *hoasca* churches in Brazil, tends to reduce the incidence of alcoholism and drug addiction (McClusky 1997; Grob et al. 1996). As has been noted by some anthropologists, a further societal function of these churches is to provide a protective shield of traditional lore against the encroachments of Christian missionaries and the seductions of Western consumer culture in general (Taussig 1987; Fernandez 1982).

The use of peyote by the Huichols of Mexico follows more the traditional shamanic healing model, involving careful and lengthy apprenticeships for the *curanderos*, and a group pilgrimage to the sacred land of Wirikuta to find the sacred cactus. The actual ceremonies are accompanied by much singing and telling of creation myths and other sacred stories (Pinkson 1995; Myerhoff 1974). Native American tribes in the United States legally incorporated the Native American Church (NAC) as an organized religion that uses the peyote cactus as a sacrament. Though their legal protection has been eroded in recent court decisions, for most of this century the NAC has enjoyed legal access to the entheogens in most of the Western states (Peregoy, Echo-Hawk & Botsford 1995). Native American Church ceremonies follow a fairly consistent format, with a “roadman” presiding, and with almost constant singing of traditional peyote songs throughout the night. There is virtually no discussion of healing processes or “visions” during or after the ceremony, although individual participants may of course have healing or visionary experiences. NAC ceremonies are legally limited to persons with 25% or more Indian ancestry, although some ceremonial leaders have opened up their ceremonies to non-Indians as well.

In Brazil there are no less than three organized churches in which ayahuasca is the main sacrament: the Santo Daime, Uniao de Vegetal (UDV) and Barquinia. Each was founded by rubber tappers working in the Amazon region in the 1950s, who came into contact with the hallucinogenic vine through mestizo or Indian *ayahuasceros*. The founder of each of them reported a significant vision which instructed them to organize a church using the brew or “tea” as the principal sacrament. Members of the churches come from all walks of life and both urban and rural environments in Brazil. Each has by now several thousand members in Brazil, and two of the churches have significant satellite centers in North America and Europe. The churches are officially recognized and the use of the ayahuasca is legal in Brazil within that framework.

Typically, the ceremonies are held weekly in specially-built temples, and may range in size from 20 or 30 to several hundred participants. Each of the churches has some differences of emphasis and ceremonial form. The UDV, the largest, is also the most formal: participants sit in rows in straight-backed chairs during the ceremony, listening to sermons and songs given by the *maestres* who sit around a table in the center; there is also a question and answer period. Sometimes testimonials of life-transformations are offered by longer-term members, reminiscent of AA confessions. The Santo Daime, which was founded by a Brazilian of African descent, involves the singing of hymns by the entire congregation, led by a small group of women singers. Some of the Santo Daime ceremonies also involve dancing, in simple rhythmic, swaying steps—the whole somewhat reminiscent of African-American gospel services. The Barquinia church, less well known outside of Brazil, has incorporated elements of Umbanda, an Afro-Brazilian religious movement that involves contact with deceased ancestors and deities known as *orixas*. These ceremonies also involve both singing and dancing. The research of Charles Grob, Dennis McKenna and others has confirmed that membership in these churches and long-term drinking of the tea is associated with no adverse health effects—and indeed with a reduction of addictions and other psychopathologies (Grob et al. 1996).

The Bwiti cult among the Fang people in Gabon and Zaire involves the use of the powerful hallucinogen iboga or eboka, from which ibogaine is derived. The use of iboga, like peyote in North America, exists in both shamanic and syncretic religious ceremonial forms. Originally, the Fang, who are village dwellers, say they learned about the iboga brew from the Pygmies, the deep forest dwellers. Initiates are taken through a powerful death-rebirth experience, in which their “head is opened up,” after which they are able to converse with their ancestor spirits, who can guide them in their lives. The Bwiti ceremonies are held in temples, with an altar and officiating priests, where the initiate men and women, daubed with white mud, sit and sing in lengthy ceremonies. (Samorini 1995; Fernandez 1982). Pharmacological research has indicated that ibogaine may have a specific action on the receptor sites for cocaine in the brain, raising the possibility that it may be a chemical antidote to addiction (Lotsof 1995). The more plausible assumption is that all the “consciousness-expanding” hallucinogens, including LSD, peyote, ayahuasca and others, can serve to counteract the consciousness-contracting and fixating

effect of the addictive narcotics or stimulants (Halpern 1996).

These syncretic religious movements, particularly the ayahuasca churches in Brazil, have brought the use of entheogenic plant substances out of the context of shamanic healing rituals, where only a very limited number of people came into contact with them. They have made profoundly spiritually transforming experiences with entheogenic plant medicines accessible to a large number and wide spectrum of people in all walks of life. As such, we may be seeing the beginnings of a broader cultural transformation movement with significant impact.

HYBRID SHAMANIC THERAPEUTIC RITUALS

There are numerous kinds of set-and-setting rituals using hallucinogens in the modern Western world, ranging from the casual, recreational "tripping" of a few friends to "rave" events of hundreds or thousands, combining Ecstasy (MDMA) with the continuous rhythmic pulse of techno music. My own research has focused on what might be called neoshamanic medicine circles, which represent a kind of hybrid of the psychotherapeutic and traditional shamanic approaches. In the past dozen years or so I have been a participant and observer in over 100 such circle rituals, in both Europe and North America, involving several hundred participants, many of them repeatedly. Plant entheogens used in these circle rituals have included psilocybe mushrooms, ayahuasca, San Pedro cactus, iboga and others. My interest has focused on the nature of the psychospiritual transformation undergone by participants in such circle rituals (Metzner 1999).

In these hybrid therapeutic-shamanic circle rituals certain basic elements from traditional shamanic healing ceremonies are usually kept intact:

- the structure of a circle, with participants either sitting or lying;
- an altar in the center of the circle, or a fire in the center if outside or in tipi;
- the presence of an experienced elder or guide, sometimes with one or more assistants;
- a preference for low light, or semidarkness; sometimes eye-shades are used;
- use of music: drumming, rattling, singing or evocative recorded music;
- dedication of ritual space through invocation of spirits of four directions & elements; and
- cultivation of a respectful, spiritual attitude.

Experienced entheogenic explorers understand the importance of set and therefore devote considerable attention to clarifying their intentions with respect to healing and divination. They also understand the importance of setting and therefore devote considerable care to arranging a peaceful place and time, filled with natural beauty and free from outside distractions or interruptions.

Most of the participants in circles of the kind that I witnessed were experienced in one or more psychospiritual practices, including shamanic drum journeying, Buddhist *vipassana* meditation, tantra yoga and holotropic breathwork, and most have experienced and/or practiced various forms of psychotherapy and body-oriented therapy. The insights and learnings from these practices are woven by the participants into their work with the entheogenic medicines. Participants tend to confirm that the entheogenic plant medicines, when combined with meditative or therapeutic insight processes, function to amplify awareness and sensitize perception, particularly amplifying somatic, emotional and instinctual awareness.

Some variation of the *talking staff* or *singing staff* is often used in such ceremonies: with this practice, which seems to have originated among the Indians of the Pacific Northwest, and is also more generally now referred to as "council," only the person who has the circulating staff sings or speaks, and there is no discussion, questioning or interpretation (as there might be in the usual group psychotherapy formats). Some group sessions, however, involve minimal or no interaction between the participants during the time of the expanded state of consciousness.

In preparation for the circle ritual there is usually a sharing of intentions and purposes among the participants, as well as the practice of meditation, or sometimes solo time in nature, or expressive arts modalities, such as drawing, painting or journal work. After the circle ritual (sometimes the morning after), there is usually an integration practice of some kind, which may involve participants sharing something of the lessons learned and to be applied in their lives.

The majority of Westerners who have developed an ongoing practice of working with entheogenic plant substances seem to have expanded their belief systems beyond the boundaries of the conventional materialistic paradigm of Western science and psychology. While accepting the validity of many Western psychological insights, including those of Freud, C.G. Jung and Wilhelm Reich, they have come—like indigenous people and

devotees of Asian and Western esoteric traditions—to accept the reality of nonmaterial spirit beings and to recognize that we live in multiple worlds of consciousness.

Western psychology may, through such explorations, be finally coming around to the views expressed by William James, after his personal research with the psychedelic anesthetic nitrous oxide, almost 100 years ago:

> Our normal waking consciousness, rational consciousness as we call it, is but one special type of consciousness, whilst all about it, parted from it by the filmiest of screens, there lie potential forms of consciousness entirely different. . . . No account of the universe in its totality can be final which leaves these other forms of consciousness quite disregarded (James 1901/1958: 228).

REFERENCES

Adamson, S. & Metzner, R.1988. The nature of the MDMA experience and its role in healing, psychotherapy and spiritual practice. *ReVision*. 10 (4): 59-72.

Calderon, E.: Cowan, R.; Sharon, D. & Sharon, F.K. 1982. *Eduardo el Curandero: The Words of a Peruvian Healer.* Berkeley: North Atlantic Books.

Dobkin de Rios, M. 1984. *Hallucinogens: Cross-Cultural Perspectives.* Albuquerque: University of New Mexico Press.

Eisner, B. 1989. *Ecstasy—The MDMA Story*. Berkeley, California: Ronin Publishing.

Estrada, A. 1981. *Maria Sabina—Her Life and Chants.* Santa Barbara, California: Ross-Erikson.

Fernandez, W.J. 1982. *Bwiti: An Ethnography of the Religious Imagination in Africa*. Princeton, New Jersey:Princeton University Press.

Furst, P. 1976. *Hallucinogens and Culture.* San Francisco: Chandler & Sharp.

Furst, P. (Ed.) 1972/1990. *Flesh of the Gods*. Prospect Heights, Illinois: Waveland Press.

Grinspoon, L. & Bakalar, J. 1979. *Psychedelic Drugs Reconsidered.* New York: Basic Books.

Grob, C.S.; McKenna, D.J.; Callaway, J.C.; Brito, G.S.; Neves, E.S.; Oberlaender, G.; Saide, O.L.; Labigalini, E.; Tacla, C.; Miranda, C.T.; Strassman, R.J. & Boone, K.B. 1996. Human psychopharmacology of hoasca, a plant hallucinogen used in ritual context in Brazil. *Journal of Nervous and Mental Disease* 184 (2):86-94.

Grof, S. 1985. *Beyond the Brain: Birth, Death and Transcendence in Psychotherapy.* Albany, New York: State University of New York Press.

Grof, S. 1980. *LSD Psychotherapy*. Pomona, California: Hunter House.

Halifax, J. 1982. *Shaman—Wounded Healer.* New York: Crossroad Publishing Co.

Halpern, J. 1996. The use of hallucinogens in the treatment of addiction. *Addiction Research* 4 (2): 177-89.

Harner, M. 1980. *The Way of the Shaman*. San Francisco: Harper & Row.

Harner, M. (Ed.) 1973. *Hallucinogens and Shamanism.* New York: Oxford University Press.

Hofmann, A. 1979. *LSD—Mein Sorgenkind*. Stuttgart: Klett-Cotta.

Huxley, A. 1954. *The Doors of Perception.* New York: Harper & Row.

James, W. 1901/1958. *Varieties of Religious Experience.* New York: New American Library.

La Barre, W. 1964. *The Peyote Cult.* Hamden, Conncticut: Shoestring Press.

Leary, T. 1997. *Psychedelic Prayers and Other Meditations.* Berkeley, California: Ronin Publishing Co.

Leary, T. 1968/1995. *High Priest.* Berkeley, California: Ronin Publishing Co.

Leary, T. 1983. *Flashbacks.* Los Angeles: J. P. Tarcher.

Leary, T.; Litwin, G. & Metzner, R. 1963. Reactions to psilocybin administered in a supportive environment. *Journal of Nervous and Mental Disease* 137:561-73.

Leary, T.; Metzner, R. & Alpert, R. 1964. *The Psychedelic Experience—A Manual Based on the Tibetan Book of the Dead.* New Hyde Park, New York: University Press Books.

Lee, M. & Shlain, B. 1985. *Acid Dreams.* New York: Grove Weidenfeld.

Lotsof, H.S. 1995. Ibogaine in the treatment of chemical dependence disorders: Clinical perspectives. *MAPS Bulletin* V (3): 16-27.

Luna, L.E. & Amaringo, E. 1991. *Ayahuasca Visions—The Religious Iconography of a Peruvian Shaman*. Berkeley, California: North Atlantic Books.

McClusky, J. 1997. Native American Church peyotism and the treatment of alcoholism. *MAPS Bulletin* VII (4): 3-4.

McKenna, T. & McKenna, D. 1975. *The Invisible Landscape*. New York: Seabury Press.

Metzner, R. (Ed.) 1999. *Ayahuasca —Human Consciousness and the Spirits of Nature.* New York: Thunder's Mouth Press.

Metzner, R. 1994. Addiction and transcendence as altered states of consciousness. *Journal of Transpersonal Psychology* 26 (1): 1-17.

Metzner, R. 1989. States of consciousness and transpersonal psychology. In: R.Vallee & S. Halling (Eds.) *Existential and Phenomenological Perspectives in Psychology*. New York: Plenum Press.

Metzner, R. 1988. Molecular mysticism—The role of psychoactive substances in shamanic transformations of consciousness. *Shaman's Drum* 12:15-21.

Metzner, R. 1971. *Maps of Consciousness.* New York: Collier-Macmillan.

Myerhoff, B. 1974. *Peyote Hunt —The Sacred Journey of the Huichol Indians.* Ithaca, New York: Cornell University Press.

Novak, S.J. 1997. LSD before Leary—Sidney Cohen's critique of 1950s psychedelic drug research. *Isis* 88: 87-110.

Ott, J. 1995. *The Age of Entheogens & The Angels' Dictionary*. Kennewick, Washington: Natural Products Co.

Passie, T. 1997. *Psycholytic and Psychedelic Therapy Research—1931-1995.* Hanover: Laurentius Publishers.

Peregoy, R.; Echo-Hawk, W. & Botsford, J. 1995. Congress overturns Supreme Court's peyote ruling. *NARF Legal Review* 20 (1): 1-25.

Pinkson, T.S. 1995. *Flowers of Wiricuta*. Mill Valley, California: Wakan Press.

Samorini, G. 1995. The Buiti religion and the psychoactive plant *Tabernanthe iboga* (Equatorial Africa). *Integration* 5:105-13.

Saunders, N. 1993. *E for Ecstasy*. London: Self-Published.

Shulgin, A. & Shulgin, A. 1991. *PIHKAL—A Chemical Love Story*. Berkeley, California: Transform Press.

Stevens, J. 1987. *Storming Heaven —LSD and the American Dream.* New York: Atlantic Monthly Press.

Taussig, M. 1987. *Shamanism, Colonialism and the Wild Man—A Study in Terror and Healing*. Chicago: University of Chicago Press.

Wasson, R.G. 1980. *The Wondrous Mushroom.* New York: McGraw-Hill.